HDFC ERGO General Insurance Company Limited

MACHINERY BREAKDOWN AND MACHINERY LOSS OF PROFITS INSURANCE - CLAIM FORM

The issue of this form is not to be taken as an admission of liability

Notification of loss or damage

Claim No_____ Policy No_____ D.O/UNIT_____

1. Name: _____
2. Address: _____
3. Give full description of machine effected including make, type, sr. no, year of make and function of the machine: _____
4. Situation of plant or works address and state nearest railway station: _____
5. When did the breakdown occur? (state date and hour) _____
6. How did the breakdown occur? (this question must be answered in detail and copies of letters addressed to makers, suppliers and repair firm should be attached) _____

_____

7. Give details of parts affected
   a) Parts to be repaired _____
   b) Parts to be repaired (sketches to be attached) _____
8. What is the estimated cost of repairs? State any additional which may be incurred? _____

_____

9. Do you wish to carry out repairs yourself? Do you wish to entrust repairs to another firm?(state name) _____

_____

10. What is the actual or probable cause of the breakdown? _____
11. What steps have been taken to prevent to similar breakdown? _____
12. Has any production been lost? (give details) _____
13. By what date will it be possible to resume normal production? _____
14. What is the estimated loss of turnover during the period of breakdown? _____
15. Have you incurred any increased cost of working such as hiring charges of machinery or technical consultation fees etc. to minimize the loss? _____

_____

As soon as a loss or breakdown has become known, the Company must be notified without delay on this form agents are not authorized to accept notifications of loss or breakdown.

The undersigned policyholder declares to have answered the above questions conscientiously and truthfully and he is responsible for the correctness of this statement.

I/We hereby understand, declare, consent and authorise the Company that medical details and financial information, as provided to the Company may be utilised for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

Date: D D M M Y Y Y Y

Place:

Signature of the Insured

HDFC ERGO General Insurance Company Limited

Consent for Mode of Claim Payment

Name of Insured

Policy Number

Claim Number

Beneficiary Name

Mode of Payment (Please tick for mode of payment) Cheque ☐ Fund Transfer ☐

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account

Bank Account Number

Branch Name

IFSC Code

Email address

Attachments
In Support of Bank Details
(Please tick the type of proof submitted) Cancelled Cheque ☐ Bank Passbook Copy ☐

Declaration: I Mr./ Mrs/ Ms. _____ undersigned, legal beneficiary of the above claim, declare that all details mentioned in this form are true and I agree to the mode of payment against the particular claim number mentioned above.

Signature of Beneficiary
Stamp Required in case of Company

Date: D D M M Y Y Y Y